



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245
www.njconsumeraffairs.gov/fbl



Application for an Alarm License **(N.J.A.C. 13:31A-3.1)**

Instructions to Applicants

General Information

An individual who applies for both a fire alarm license and a burglar alarm license must file separate applications. Indicate at the top of the application whether you are applying for a burglar alarm license or a fire alarm license.

The nonrefundable application fee must be paid in the form of a check or money order made payable to the State of New Jersey. The application fee for the first alarm license application is \$150.00. The application fee for a second alarm or locksmith license application is \$100.00.

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (please refer to the section for which you have used the supplemental sheet).

A full-face photograph, two inches by two inches in size, must be signed and dated on the reverse side and attached to the application. Do not staple the photograph to the application.

Fully answer all questions with regard to the Criminal History and Child Support sections of the application. Your application may be delayed or denied should your responses require further review.

The Affidavit section of the application must be executed and signed in the presence of a notary public.

All applicants seeking licensure to engage in the burglar alarm or fire alarm business shall:

1. Be at least 18 years of age;
2. Be of good moral character pursuant to N.J.S.A. 45:5A-27;
3. Not have been convicted of a crime of the first, second or third degree within 10 years prior to the filing of the application for licensure;
4. Not have been convicted of the fourth degree offense of engaging in the unlicensed practice of electrical contracting;
5. Hold a high school diploma or equivalency certificate;
6. Have successfully completed the burglar alarm or fire alarm examination, as applicable to the field in which the applicant is seeking a license, set forth in N.J.A.C. 13:31A-3.2; and
7. Have immediately preceding the submission of the application completed at least four years experience in the burglar alarm or fire alarm business, which consists of one of the following:
 - Practical hands-on experience, which shall include a minimum of 6,720 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms and/or electronic security systems, and 80 hours of technical courses applicable to the field in which the applicant is seeking licensure which includes:
 - Two (2) hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7;
 - Two (2) hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode;
 - Two (2) hours of training in the Americans with Disabilities Act Code, 36 C.F.R. 1191;
 - Two (2) hours of training in industrial safety;
 - Two (2) hours of training in New Jersey law and rules governing the provision of burglar alarm, fire alarm, and locksmithing services; and
 - 70 hours of training in trade-related subjects; or

- A bachelor's degree in electrical engineering and one year of practical hands-on experience for a minimum of 1,680 hours; or
- A one-year course in the study of trade-related electronics at a technical school and three years of practical hands-on experience for a minimum of 5,040 hours.

Your application will be reviewed by the Advisory Committee once you have satisfied these preliminary requirements.

Criminal History Review

If your application is preliminarily approved, you will undergo a Criminal History Record Background Check.

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Record Background Check. Please fully complete the enclosed Certification and Authorization form and return the form with the license application. The form must be completed in its entirety, executed and signed in the presence of a notary public, and returned to the Advisory Committee office with your application for a license. The Committee will then provide you with instructions on how to obtain fingerprints. Once your fingerprints have been submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made regarding your eligibility to be licensed.

An application for licensure will not be processed until the results of the Criminal History Record Background Check have been reviewed by the Committee.

Alarm Licensing Examination

A qualified applicant who has satisfactorily completed the Criminal History Review will be approved to take an alarm licensing examination. The applicant will receive an approval letter from the Advisory Committee and a Candidate Information Bulletin which includes a registration form and instructions about the examination. An applicant must successfully pass all sections of the examination as a prerequisite to receiving a burglar alarm or fire alarm license.

Information regarding the burglar alarm and fire alarm licensing examinations, including content outlines and subject references, may be found at www.prometric.com. Once you are at the website, click "Exams by State," and then click "Burglar/Fire Alarm/Locksmith License Exams."

A listing of approved sponsors who provide classes which may be helpful to applicants seeking to obtain alarm and locksmith licenses is available at our website at www.njconsumeraffairs.gov/fbl.

The Advisory Committee does not require that you take classes from approved sponsors and cannot verify that classes are being provided to applicants. You may contact a sponsor to inquire whether classes are being provided.

Topic codes:

TECBA - Technical Burglar Alarm
TECLD - technical Locks
L/C - Laws/Codes

TECFA - Technical Fire Alarm
TECES - Electronic Security
SAF - Safety

TECBF - Technical Burglar Alarm & Fire Alarm
TECRF - Technical Residential Smoke Detection
BUS - Business



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Applicant for Fire and Burglar Alarm License Submissions Checklist

Applicant:

Please review this checklist before sending in your application. Any materials not included may cause a delay in the processing of your application.

- ☐ The application (Please note that **every** section must be filled out including, but not limited to, child support, student loans and Social Security number.)
- ☐ The application fee
- ☐ One (1) full-face passport size (2"x 2") photo of your head and shoulders taken within the past six months
- ☐ The Criminal History Background Check Form (Certification and Authorization)
- ☐ Citizenship Documentation (if necessary)
- ☐ Certifications of Practical Experience (One certification is required if you are an employee, but two certifications are required if you are the owner of a business.)
- ☐ The application must be properly executed and notarized.

The applicant **must have one** of these types of qualifications:

- ☐ Four (4) years (6,720 hours) of acceptable practical hands-on experience.
In addition, you **must** provide proof of having completed 80 hours of approved technical training in the following:
 - Two (2) hours Barrier Free Subcode (N.J.A.C. 5:23-7);
 - Two (2) hours N.J. Uniform Construction Code, exclusive of the Barrier Free Subcode;
 - Two (2) hours Americans with Disabilities Act Code, 36 C.F.R. 1191;
 - Two (2) hours Industrial Safety;
 - Two (2) hours of training in New Jersey law and rules governing the provision of burglar alarm, fire alarm and locksmithing services; and
 - 70 hours of training in trade-related subjects.
- ☐ Submit proof of having earned a Bachelor's Degree in Electrical Engineering and one year (1,680 hours) of acceptable practical hands-on experience.
- ☐ Submit proof of completion of a one-year course of study in trade-related electronics and three years (5,040 hours) of acceptable practical hands-on experience.

**** Out-of-state licensees **must** provide proof of having completed the following training:**

- Two (2) hours Barrier Free Subcode (N.J.A.C. 5:23-7);
- Two (2) hours N.J. Uniform Construction Code, exclusive of the Barrier Free Subcode;
- Two (2) hours Americans with Disabilities Act Code, 36 C.F.R. 1191;
- Two (2) hours Industrial Safety; and
- Letter(s) of Good Standing from any state or jurisdiction where he/she is or was licensed as well as copies of the licenses issued to him/her by those states or jurisdictions.

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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(973) 504-6245

For Office Use Only

Approved

By _____
Date _____

Rejected

By _____
Date _____

Reason: _____

Application for an Alarm License

Indicate the license for which you are applying:

- ☐ Burglar Alarm License
☐ Fire Alarm License

Application date: _____
Month Day Year

A nonrefundable application filing fee of \$150 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

7. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

Last name		First name		Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

9. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

10. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever been named as a defendant in any litigation related to the practice of fire and burglar alarm installation, alteration and repair or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of fire and burglar alarm installation, alteration and repair or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

☐ Yes ☐ No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended?

Name of high school

Street address

City

State

ZIP code

2. What years did you attend high school?

3. Did you graduate from high school?

☐ Yes

☐ No

If "Yes," what was the date of your graduation?

Month

Year

If "No," did you study to receive a G.E.D. certificate?

☐ Yes

☐ No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution:

Street address

City

State

ZIP code

Date certificate was issued:

4. If applicable, provide information about a Bachelor’s Degree in Electrical Engineering that you have earned or a minimum of a one-year course of study which you have completed in trade-related electronics at a technical school. Attach a copy of your diploma, certificate, or official transcript to verify the bachelor’s degree or successful completion of the one year of technical training.

Name and location of college or school	Years	Date graduated or completed
	From _____ To_____	
	From _____ To_____	
	From _____ To_____	

Experience

1. Detailed Statement of Experience

An applicant qualifying to take the Alarm Examination must provide proof of the following:

- a) At least four years of practical hands-on experience, a minimum of 6,720 hours, working with tools in the installation, alteration or repair of wiring for fire alarms, burglar alarms and/or electronic security systems. (Practical hands-on experience shall not include time spent supervising, engaging in the practice of engineering, estimating and performing other managerial tasks relevant to the alarm business.) The applicant must also provide proof of the completion of 80 hours of training, which includes 10 hours of courses on topics specified by the Advisory Committee and 70 hours applicable to the field in which the applicant is seeking licensure; *or*
- b) Proof of having earned a Bachelor's Degree in Electrical Engineering and one year, a minimum of 1,680 hours, of practical hands-on experience (see previous page re: education); *or*
- c) Proof of having completed a one-year course of study in trade-related electronics at a technical school and three years, a minimum of 5,040 hours, of practical hands-on experience (see previous page re: education).

Dates Month/Year to Month/Year	Give a detailed account of the hands-on practical experience, required by a), b) or c) above, working with tools in the installation, alteration or repair of wiring for fire alarms, burglar alarms and/or electronic security systems. Attach copies of W2 forms or notarized affidavits from all employers to verify your experience. Use additional sheets of paper if necessary.	
	Employer's name and address	Duties
From _____ To_____		
From _____ To_____		
From _____ To_____		
From _____ To_____		

2. If applicable, as required by a) above, list the 80 hours of technical training which you have successfully completed. Attach copies of certificates held or other documentation to verify the training.

The 80 hours of technical training shall include two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 36 C.F.R. 1191, two hours of training in industrial safety, two hours of training in New Jersey law and rules governing the provision of burglar alarm, fire alarm and locksmithing services, and 70 hours of training in trade-related subjects.

[illegible]

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-23 et seq., together with the Rules and Regulations of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, N.J.A.C. 13:31A, and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____ / _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245



Alarm License Certification of Practical Experience

An applicant who is an employee of an alarm business must submit one (1) form for each employer who can certify the applicant's practical experience. An applicant who is an owner of an alarm business must submit two (2) forms from other business owners engaged in the alarm industry who can certify the applicant's practical experience. You may make copies of the form as needed.

A separate form must be completed for each reference you are submitting with your application for a license.

Indicate the category of license for which you are applying: ☐ Burglar Alarm License ☐ Fire Alarm License

Please print clearly.

Applicant

Name _____

Street address

City

State

ZIP code

Telephone number (include area code) _____

Reference

Name _____

Company name _____

Street address

City

State

ZIP code

Telephone number (include area code) _____

The applicant noted above has made application for a license issued by the Fire Alarm, Burglar Alarm & Locksmith Advisory Committee and has asked you to certify his/her practical experience.

1. How long have you known the applicant? _____ years
2. The applicant has owned an alarm business for _____ years; or
The applicant has been employed in the alarm business for _____ years.

This Affidavit must be executed before a Notary Public.

I, _____, swear or affirm that all of the information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

Signature of reference

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



Alarm - Important Certification and Authorization Form

The Division of Consumer Affairs is required to conduct criminal history record background checks of all applicants for burglar alarm, fire alarm and locksmith licensure (N.J.S.A. 45:5A-26 and 35). In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to:

**Fire Alarm, Burglar Alarm and Locksmith Advisory Committee
P.O. Box 45042
Newark, New Jersey 07101**

Upon receipt of a completed application form and the Certification and Authorization Form, the Committee will forward to you information you will need to schedule an appointment to have your fingerprints electronically recorded by Morpho Trust USA. The recording of your fingerprints is necessary to conduct the criminal history record background check. Please note that you will be required to pay a \$62.70 fee to Morpho Trust; **do not** send this fee when returning your form to the address above.

If you were fingerprinted after November 2003 as part of the criminal history record background check process for licensure or certification by any other Board or Committee of the New Jersey Division of Consumer Affairs (a background check conducted for the Department of Education, another state agency or another state does not apply) you **will not** be required to be fingerprinted a second time. However, the Division **must** perform a **criminal history record background check** each time you apply for licensure or certification. The fee for this background check will be \$17.50. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

Enclosure

Official Use Only☐ **Dual License**

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Examiners of Electrical Contractors

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee

P.O. Box 45042

Newark, New Jersey 07101

(973) 504-6245

Official Use Only

Board or Committee

CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. _____ (_____)
☐ Ms. _____ Last First Middle Maiden Name
2. Address _____
Street or P.O. Box City State ZIP code
3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year
4. Social Security number _____/_____/_____
5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$17.50.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date